



Responding to the Opioid Overdose Epidemic

**Department of Public Safety and Correctional Services Approach
to Substance Abuse Treatment**

September 2014

**Department of Public Safety and Correctional Services
Department of Health and Mental Hygiene**

Background

The following is in response to the Executive Order directive for the Department of Public Safety and Correctional Services (DPSCS or the Department) to review the availability of treatment and recovery services in its facilities and submit a report and recommendations regarding access to treatment. The purpose of this document is to identify and make recommendations to reduce the risk of overdose in the released detainee and prison populations.

In an effort to address the increased number of opioid overdoses in Maryland over the past year, DPSCS has attended the established Overdose Prevention Council meetings and has had numerous meetings with the Department of Health and Mental Hygiene (DHMH) and the Governor's Office related to current treatment, research, and expansion possibilities.

The information in this memo is composed of the following sections:

1. Steps Already Taken by DPSCS in collaboration with DHMH.
2. Current Screening, Assessment, and Treatment Services for Detainee/Inmate Populations
3. Relevant and Future Departmental Research on Opioid/Substance Abuse/Use
4. Recommendations Regarding Access To Treatment in State Correctional Facilities
5. Recommendations Regarding Access To Treatment at Baltimore City Detention Center
6. Recommendations Regarding Access To Treatment in Local Detention Centers

Steps Already Taken by DPSCS in collaboration with DHMH

DPSCS has already taken a number of steps to begin to address the opioid epidemic in Maryland, including:

1. **Emergency Response Cards.** The Department in cooperation with DHMH has inserted DHMH-developed emergency cards in all Inmate Release Packets. These cards inform releasees of what to do in case they encounter someone who is experiencing an overdose.
2. **Informational Posters.** The Department in cooperation with DHMH has installed DHMH-developed posters in every addiction counselor office and group room space in Corrections and Detention facilities.
3. **Information Pamphlets.** The Department in cooperation with DHMH distributed DHMH-developed pamphlets at monthly Residential Substance Abuse Treatment (RSAT) grant-funded aftercare family sessions at Gaudenzia. The Department has also placed these pamphlets in the lobbies of all DPSCS Parole & Probation Offices.
4. **Conducted National Survey on State Substance Abuse Programs/Access to Treatment.** On August 15, 2014, the Department conducted a national survey of state substance abuse programs through the Association of State Correctional Administrators (ASCA). The purpose of the survey was to compare the Department's approach to substance abuse treatment with other states in terms of screening, programming, use of medication assisted

therapies, and other program components. DPSCS expects results from ASCA by the end of October of this year.

5. **Fatal Overdose Data Matching with DHMH Vital Statistics Administration.** The Department and DHMH developed an MOU for a data exchange for the purpose of determining whether any individuals in the community who were the victims of overdose previously had been incarcerated by or currently were on probation with DPSCS. . Both departments are working together to develop a second MOU for ongoing future data exchanges using monthly overdose information.

Current Screening, Assessment, and Treatment Services for Detainee/Inmate Populations

Current Use of Screening and Assessment Instruments

DPSCS utilizes three screening tools at Baltimore City Detention Center (BCDC) to identify immediate needs for Substance Abuse withdrawal and Mental Health issues: 1) the Clinical Opiate Withdrawal Scale (COWS), 2) the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) and 3) the Initial Medical Mental Screening (IMMS) Questionnaire.

Additionally, upon direct intake for the sentenced population, DPSCS utilizes the Texas Christian University Drug Screen II (TCU DSII) and the Treatment Assignment Protocol (TAP) Assessment for identification of substance abuse needs and placement into treatment. Offenders in the system before 2010 are screened and assessed utilizing the TCU DSII and the TAP within 6 years of an anticipated release date (see table below).

Table 1. Treatment and Recovery Services Based on Screening and Assessment

	TAP Score =1	TAP Score =2	TAP Score =3	TAP Score =4
TCU Score = 3+	Outpatient level of care (ATP/SAI)	Outpatient level of care (ATP/SAI)	Discretionary placement into either residential or outpatient level of care depending on additional program needs such as education as well as remaining length of sentence.	Residential level of care (TC)

Current Availability of Treatment and Recovery Services in Detention

The Department's detention population is made up of inmates with sentences of 12 months or less and is generally similar to other local jails across Maryland. The Department currently has two main substance abuse programs for this population which include:

Opioid Maintenance/Detoxification:

There are currently 100 slots total for male and female offenders at BCDC for the American Society of Addiction Medicine (ASAM) Level I Outpatient Methadone Maintenance. Offenders self-identify at intake their participation in community based methadone or buprenorphine maintenance programs and sign a release of information. Medical nurses confirm participation and last dosage with community providers, which serves as the starting dose prescription. Buprenorphine participants are converted to the equivalent Methadone dose. If the offender's release date is known or bail is posted, community maintenance programs are notified and linkage appointments are made. If offenders are sentenced to Corrections, there is a 21-day detox period.

Additionally, BCDC offers Level II-D Ambulatory Detoxification with extended on site monitoring completed with and without methadone. Additional detox services are also offered for benzodiazepines and alcohol.

Addicts Changing Together Substance Abuse Program (ACT-SAP):

ACT-SAP is a cognitive behavioral-based Intensive Outpatient substance abuse treatment program which includes group and individual counseling as well as an acupuncture component. Currently there are 75 total slots in this co-ed 45-day program housed at the Baltimore City Detention Center. Female Slots are currently funded by the Behavioral Health System Baltimore. Offenders are referred through Drug Court and participate by a court ordered condition of their probation. Upon completion of the program, ACT-SAP Counselors complete an Aftercare Services Plan and a written recommendation memo to the courts. The offender is referred for either transitional housing or to a Community Intensive Outpatient Program (IOP).

Current Availability of Treatment and Recovery Services in Corrections

The Department's corrections population refers to inmates serving time of more than one year and sentenced to a state correctional facility. The Department currently has approximately 2,000 slots available per year to serve this population. Those slots are divided into the following programs:

Therapeutic Community (TC):

The TC is a Clinically Managed Medium/High Intensity Residential abstinence-based substance abuse treatment program. The curriculum is based upon Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT). Offenders participate in seminars, role-plays, individual and group therapy, work therapy, and complete homework assignments. DPSCS currently has 606 male and female slots with 5 locations (Baltimore, Jessup-2, Sykesville and Hagerstown) ranging between 4-6 months in length. Offenders are placed into the TC when they are within 24 months of an anticipated release date.

Addictions Treatment Protocol (ATP):

ATP is an abstinence-based substance abuse treatment program. The curriculum is based upon MET, CBT, and Rational Emotive Behavior Therapy (REBT). Offenders participate in individual and group therapy sessions, role play activities, and complete homework assignments. DPSCS currently has 450 Male Slots with 10 locations (Baltimore, Jessup-3, Eastern Shore, Hagerstown-4 and Cumberland) that are 6 months in length. Offenders are placed into ATP when they are within 24 months of an anticipated release date.

Substance Abuse Intervention (SAI):

SAI is an outpatient abstinence-based substance abuse treatment program. The curriculum is based upon MET, CBT, and REBT. Offenders participate in individual and group therapy sessions, role play activities, and complete homework assignments. DPSCS currently has 30 Female Slots in one Jessup location that is 3 months in length. Offenders are placed into SAI when they are within 24 months of an anticipated release date.

Segregation Addictions Program (SAP):

SAP is an outpatient abstinence-based substance abuse treatment program. The curriculum is based upon MET, education, and CBT. There are 22 total slots for men in this 90-day program housed at the Maryland Correctional Training Center (MCTC). Offenders participate in seminars, individual and group therapy sessions, role play activities, complete homework assignments, and attend self-help. Offenders participate voluntarily in this program, and eligibility is determined by receiving a substance-abuse-related infraction. Offenders accepted into the program have their segregation time converted to cell restriction and follow a step down process of regaining privileges such as property, commissary, phones, and visits over the 90 days.

Aftercare:

Aftercare is also an outpatient abstinence-based substance abuse treatment program. The curriculum is based upon CBT. There are 240 male and female slots for completers of the Metropolitan Transition Center (MTC), Maryland Correctional Institution for Women (MCIW), and Patuxent TCs as well as completers of ATP and SAI programs who are still incarcerated. In addition, there are 120 RSAT grant-funded slots for male completers of Central Maryland Correctional Facility (CMCF) and MCTC TCs who are still incarcerated. These offenders meet weekly for open-ended group sessions. A minimum participation of one year is expected if an offender is still incarcerated and housed in an aftercare providing facility. All eligible offenders are placed into aftercare slots as they become available. Currently there is a waiting list of approximately 400 across the 11 Locations (Baltimore-2, Jessup-3, Eastern Shore, Hagerstown-4, Cumberland) providing these services.

Self-Help

DPSCS offers a minimum of Alcoholics Anonymous and Narcotics Anonymous at the majority of institutions. These programs are coordinated by either the volunteer activity coordinator or vendor staff.

Relevant Departmental Research

A Randomized Trial of Interim Methadone (IM) and Patient Navigation (PN) Initiated in Jail
by: Robert P. Schwartz, M.D. (Principal Investigator); Jerome H. Jaffe, M.D., Shannon Gwin Mitchell, Ph.D., Sharon M. Kelly, Ph.D.

This study aims to determine the relative effectiveness of IM+PN v. IM alone v. brief methadone detoxification for opioid-dependent detainees at 3 and 12 months post-release in terms of: (a) post-release treatment entry and retention; (b) illicit opioid and cocaine use; (c) meeting DSM-IV criteria of opioid and cocaine dependence; (d) HIV-risk behavior; and (e) criminal behavior, arrest, and days of incarceration. Finally, the study wishes to conduct a focused cost-effectiveness and cost-benefit study of the three treatment conditions. The study consists of 360 opioid-dependent adults (180 males and 180 females) being treated for opioid withdrawal at BCDC. It is also important to note that individuals in this study will be started on methadone at the jail. The entire study will last four years, although activities in BCDC will occur for about two and a half years.

Buprenorphine (BUP) for Prisoners by: Timothy W. Kinlock, Ph.D., Michael S. Gordon, D.P.A.; Robert P. Schwartz, M.D.

This study aims to determine the effectiveness of opioid agonist maintenance treatment in other settings, the importance of continuity and immediate access of care for prisoners returning to the community who are especially vulnerable to relapse, the influence of the context in which community-based treatment is delivered, and the different needs and problems of female and male heroin addicts. The study consisted of 320 pre-release prison inmates (160 males and 160 females) with pre-incarceration histories of heroin addiction in two facilities: MTC and MCIW. The study duration was six years, and occurred from August 2007 through August 2013. The Department is currently waiting on the final research report.

Naltrexone for Prisoners-Pilot Study by: Michael S. Gordon, D.P.A.; Timothy W. Kinlock, Ph.D., Frank J. Vocci, Ph.D., Terrence T. Fitzgerald, M.D.

This study aims to examine the effectiveness of Naltrexone provided to female and male pre-release inmates with pre-incarceration opiate addiction histories to prevent relapse and re-incarceration. The study consisted of 30 participants (15 incarcerated men and 15 women) at four prisons: MTC, Baltimore Pre-Release Unit (BPRU), Jessup Pre-Release Unit (JPRU), and MCIW. The duration of the study was two years from 2011 through 2013. The Department is

waiting on final research report now. This study is the subject of a Joint Commission Report assigned to the Department.

Future Departmental Research

It is also important to note that the Department is always assessing the effectiveness of drug treatment methods and patient outcomes and plans on supporting additional studies in the future including:

Injectable Naltrexone (XR-NTX) for Prisoners by: Michael S. Gordon, D.P.A.; Timothy W. Kinlock, Ph.D., Frank J. Vocci, Ph.D., Terrence T. Fitzgerald, M.D. Pending submission to the National Institute on Drug Abuse (NIDA) on 10/5/2014. The study will be focused on the efficacy of naltrexone under a number of conditions including its use as the sole method of treatment, its use with community case management, and its use with institutional treatment and community treatment. The study will consist of 300 (100 per condition) incarcerated men and women at four prisons: MTC, BPRU, JPRU, and MCI-W over a duration of 5 years.

A Randomized Controlled Trial of Interim BUP / Naloxone (Suboxone) for Probationers and Parolees by: Michael S. Gordon, D.P.A.; Timothy W. Kinlock, Ph.D., Frank J. Vocci, Ph.D., Terrence T. Fitzgerald, M.D. Pending submission to NIDA on 10/5/2014. This study aims to examine the impact of BUP provided at community corrections on a) treatment entry and retention, b) opioid use, c) criminal activity, d) re-arrest and incarceration; and e) needle use and risky sexual behaviors. In addition, the study will examine the impact of BUP provided at community corrections on compliance with parole/probation requirements. The study participants will be 320 men and women with opioid disorder on Community Supervision in Baltimore City. The duration of the study will be over five years starting January 2015 through September 2020.

Recommendations Regarding Access to Treatment

The Department met with the Governor's Office and DHMH several times over the summer of 2014 to collaborate on recommendations to reduce the risk of overdose in the recently released detainee and prison populations. The recommendations are split into three sections:

1. Recommendations for State Correctional Facilities
2. Recommendations for the Baltimore City Detention Center
3. Recommendations for Local Detention Centers

Recommendations for State Correctional Facilities

- **Change in Screening Timeframe.** With the start of a new Assessment contract in July 2015, the Department recommends the implementation of two changes: 1) within the first year of the new contract ensuring that every inmate has received a TCU-DSII regardless of sentence length; 2) expanding the timeframe for back-end TAP assessments from within 6 years of an anticipated release to within 10 years of an anticipated release. These changes will allow the Department to have a much clearer picture of the total number of its population requiring substance abuse treatment, as well as develop waiting lists much further in advance. Placements can then be made immediately without waiting for further assessment in the event that an inmate's parole status or sentence changes.
- **Change in Urinalysis Policy and Procedures.** In 2014, the Department made changes to its urinalysis panel screening to include buprenorphine, in addition to opiates, marijuana, and benzodiazepines. This change has led to the Department identifying an increase in diluted urines at a rate of approximately 2.52%. The Department should consider examining a change in its policy to mirror that of the Department of Transportation and place diluted urines into three categories: diluted, adulterated, and substituted. This would help treatment staff and institutional management identify more accurately which inmates are in fact using methods to hide drug use.
- **Segregation Addictions Program (SAP)-Expansion.** Demand for the Segregation Addictions Program currently far exceeds the number of slots available. For example, in the last month for 11 available slots, there were 112 eligible inmates. The Department should expand the number of counselors to meet current demand. Expanding access to treatment would allow the Department to provide treatment to the inmates who need it most, as well as reduce the use of segregation for inmates whose substance abuse problems are the root cause of disciplinary issues.
- **Referrals to Community Treatment Providers.** Provide to participants of ATP, SAI, and TC overdose prevention training and referrals to drug abuse treatment programs and overdose prevention programs and recovery resources in the community upon release to include:
 - a) At the advice of national drug research expert Dr. Robert Schwartz, Use of "Staying Alive on The Outside" video by the Center for Prisoner Health and Human Rights and Brown University. This video was funded by a grant through the National Institute on Drug Abuse (NIDA).
 - b) Distribution of the Substance Abuse and Mental Health Services Administration (SAMSHA) Opioid Overdose Prevention Toolkit: Safety Advice for Patients and Family Members.

- **Aftercare Planning with Support Agencies.** Coordinate with local core services agencies to provide enhanced aftercare planning and linkages to community benefits, including information for recovery support services, recovery housing referrals, and information on peer-support programs. In order to better facilitate coordination, DHMH will require local addictions authorities to meet with correctional facilities in their jurisdictions to form professional networks of care and referrals.
- **Access to Treatment through Medicaid Enrollment.** Sign eligible individuals up for Medicaid prior to release through two key steps:
 - a. Medicaid and DPSCS will support the exchange of information so that DPSCS can receive data on who is covered by Medicaid.
 - b. DPSCS staff will be trained on the new website for the Maryland Health Connection.
- ***Long-Term Consideration – Development of a Mission Specific Substance Abuse Treatment Institution.*** Research shows that separating treatment participants from general population as much as possible assists with the positive milieu and assists with contraband isolation. A model for this currently exists at Maryland Correctional Training Center, where three tiers of Housing Unit 8 are for the institution's TC, ATP, and Aftercare programs. A much larger scale model is run by the Pennsylvania Department of Corrections at its SCI Chester Facility. Pennsylvania's SCI-Chester opened in 1998 as the State's first facility dedicated to the sole treatment of inmates with Substance Abuse Issues. It has a bed capacity of 1,178 and every inmate is involved in either a primary or aftercare therapeutic community. Inmates participate in a minimum of six months of treatment in addition to another six months minimum of aftercare. While such an institution is not currently in the Department's capital plan nor current general fund budget, such an idea may be worth considering in the longer-term.

Baltimore City Detention Center

- **Expand Addicts Changing Together Substance Abuse Program (ACT-SAP)-Medicaid Enrollment and Naltrexone.** The Department should expand the use of the medication naltrexone to counter opioid-use effects, and the enrollment of individuals in Medicaid in order to facilitate the use of the medication post-release for a period of approximately six months. Under this pilot program, upon intake, ACT-SAP Counselors would complete a Medicaid enrollment application for non-active Medicaid offenders. At day 31 of the in-house treatment component, offenders would be offered their first shot of naltrexone. As part of the Aftercare Services Plan, inmates would also be encouraged to select a primary care physician where they could receive a prescription and administration of follow-up naltrexone shots. Parole and Probation agents would be integrated into the aftercare plan to ensure that offenders receive the five follow-up naltrexone shots from the community providers.

- **Expansion of Methadone Treatment.** The Department’s current methadone program is limited by the number of available counselors and the need to maintain a client-to-counselor ratio prescribed by regulation. The Department should expand access to methadone treatment by hiring four additional counselors.
- **Training and Referrals to Community Recovery Resources.** BCDC should continue to provide overdose prevention training and referrals to drug abuse treatment and overdose prevention programs and recovery resources in the community upon release to include:
 - a) At the advice of Dr. Robert Schwartz, Use of “Staying Alive on The Outside” video with offenders in both the ACT-SAP and methadone programs.
 - b) Distribution of the Substance Abuse and Mental Health Services Administration (SAMSHA) Opioid Overdose Prevention Toolkit: Safety Advice for Patients and Family Members to offenders in both the ACT-SAP and methadone programs.
- **Coordination with Baltimore City’s Behavioral Health Authority.** BCDC should coordinate with Baltimore City’s local behavioral health authority to provide enhanced aftercare planning and linkages to community benefits, including information for recovery support services, recovery housing referrals, and information on peer-support programs. In order to better facilitate coordination, DHMH will require local addictions authorities to meet with jails and detention centers in their jurisdictions to form professional networks of care and referrals.
- **Linking Eligible Detainees to Medicaid Upon Release.** The Department should work to sign up eligible individuals in both the ACT-SAP and methadone programs for Medicaid prior to release utilizing two key steps:
 1. Medicaid and DPSCS will support the exchange of information so that DPSCS can receive data on who is covered by Medicaid.
 2. DPSCS staff will be trained on the new website for the Maryland Health Connection.

Considerations for Local Detention Centers

DPSCS does not directly administer or oversee any local detention centers beyond BCDC. However, recognizing the important role local detention centers can play in reducing the risk of overdose deaths in the State, DPSCS has worked in conjunction with DHMH to develop recommendations for consideration as local detention centers develop and enhance their own drug treatment programs. DPSCS and DHMH are committed to engaging and working with local partners to assist with these recommendations as requested.

- **Use of Nationally Recognized Assessment Tools.** Local detention centers should use nationally recognized, validated, and easy to administer addictions screens at all local

detention centers (e.g., Clinical Opiate Withdrawal Scale (COWS), Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and Initial Medical Mental Screening (IMMS) Questionnaire).

- **Use of Medication Assisted Treatment.** Local detention centers to the extent possible should consider medication assisted treatment (methadone) for individuals in the detained population who had been receiving these treatments prior to intake, coordinated with the community treatment system. If space is available, local detention centers should consider the model of the Ordnance Road Treatment Center, which begins certain patients with short sentences who are active users of opioids on methadone treatment.
- **Use of Random Screening.** Local detention centers should consider continuing random screens for drug use in detention facilities.
- **Provision of Training and Referrals Upon Release.** Local detention centers should provide overdose prevention training and referrals to substance use disorder treatment programs and overdose prevention programs in the community upon release.
- **Collaborating with Local Substance Abuse Treatment Authorities.** Local detention agencies should consider coordinating with local addictions authorities to provide enhanced aftercare planning and linkages to community benefits, including information for recovery support services, recovery housing referrals, and information on peer-support programs. Additionally, it may be valuable to develop treatment programs in cooperation with the local treatment system for those individuals who screen positive but have not been in treatment. In order to better facilitate coordination, DHMH will require local addictions authorities to meet with jails and detention centers in their jurisdictions to form professional networks of care and referrals.
- **Linking Eligible Detainees to Medicaid Upon Release.** Local detention centers should consider signing up eligible individuals for Medicaid prior to release.

Parole and Probation Recommendations

While the corrections population and the detention population have been the main topic of this report, the supervised population (either parolees or probationers) is also significantly at-risk, and may be a population on which the State could have a significant and positive impact as it relates to opioid/other drug overdoses. The Department's recommendations are as follows:

- **Addition of Special Conditions to Parolees who are Completers of Programming.** Currently completers of correctional substance abuse treatment programs have a standard condition placed on them by the Parole Commission to be regularly tested for drug-use through urinalysis. Failure of a urine screen can lead to a directive to attend treatment. It may be valuable to consider preventative special conditions to include directing a parolee to go to

drug treatment whether or not that individual has failed a urine test, if the parolee is determined to be at high-risk of drug use. In order to implement this policy, community and local government resources would need to be coordinated with the State.

- **Preventing Fatal Overdoses through Real-Time Sharing of Non-Fatal Overdose Information.** DPSCS and DHMH should collaborate and determine whether non-fatal overdose information on an individual under DPSCS supervision can be shared with DPSCS so that officials can intervene in order to prevent a future overdose.
- **Enhancing Continuity of Care.** The Department should enhance continuity-of-care as it relates to offenders returning to the community under Parole/Probation Supervision. Assigned agent should be involved prior to the release in order to develop a "treatment plan" with all of the DPSCS agencies and service providers in the community.
- **Enhancing Pre-Supervision Investigations to Enhance Supervision of Addicted Supervisee Population.** Agents in the course of completing an investigation (pre-sentence, post-sentence, home and employment, interstate home and employment and pre-parole investigations) should inquire about substance abuse history, treatment episodes, relapse, current substance abuse and if the offender has experience an overdose and if so if the offender was treated by medical personnel. If the offender is identified as a substance abuser or in need of continued substance abuse treatment, special conditions could be recommended for parole or probation supervision.